

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09731703</u>	FILING DATE <u>02-12-01</u>					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/	/					53						
4							54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↙		↙		↙		TOTAL IND.	↙		↙		↙	
TOTAL DEP.	↘		↘		↘		TOTAL DEP.	↘		↘		↘	
TOTAL CLAIMS							TOTAL CLAIMS						